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CENTRAL FAX CENTER**JAN 31 2005****EXAMINING GROUP 2672**
PATENTCustomer No. 42304
Attorney Docket No. CLRV-001
Confirmation No. 2606**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:)
Candice Hellen Brown Elliott) Group Art Unit: 2672
Application No.: 09/628,122) Examiner: WANG, Jin Cheng
Filed: July 28, 2000)
For: ARRANGEMENT OF COLOR)
PIXELS FOR FULL COLOR)
IMAGING DEVICES WITH)
SIMPLIFIED ADDRESSING)

Commissioner for Patents
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Sir:

AMENDMENT AFTER FINAL

Applicant files herewith an Amendment in response to the FINAL Office Action
mailed January 28, 2005. Applicant respectfully submits that the application now stands
in condition for allowance and the same is respectfully requested.

Amendments to the Claims begin on page 2.**Remarks begin on page 24.**

JAN 31 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/628,122	
	Filing Date	07/28/2000	
	First Named Inventor	CANDICE HELLEN BROWN ELLIOT	
	Art Unit	2672	
	Examiner Name	WANG, JIN CHENG	
Total Number of Pages in This Submission	26	Attorney Docket Number	CLR-V-001

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	CLAIRVOYANTE, INC.		
Signature	<i>Stuart P. Kaler</i>		
Printed name	STUART P. KALER		
Date	31 JAN 2005	Reg. No.	35,913

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